



Application to Approve Disclosure Statement for Transfer of Engagements of Co-operative Form C3

Co-operatives National Law (ACT) Act 2017 – Section 397 and 477
Co-operatives National Law (ACT) Regulation 2017

PURPOSE

This form is to be used when a proposed cooperative wishes to register as a cooperative under the *Co-operatives National Law (ACT) Act 2017* (the Act). You can access the legislation at www.legislation.act.gov.au. You may also obtain further information and forms at www.act.gov.au/accessCBR.

PRIVACY

The Act authorises the Registrar to collect the personal information required by this form for the purposes of registering a cooperative under the Act. The Registrar prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Registrar provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. The Act provides for some information about cooperatives to be publicly available.

THINGS TO KNOW BEFORE STARTING YOUR APPLICATION

Before applying to transfer engagements, each co-operative must send to each of its members a disclosure statement approved by the Registrar stating:

- the financial position of each co-operative concerned in the proposed transfer of engagements as shown in financial statements prepared as at a date not more than 6 months before the date of the statement; and
- any interest any officer of each co-operative has in the proposed transfer of engagements; and
- compensation or other consideration proposed to be paid, or other incentive proposed to be given, to any officer or member of each co-operative in relation to the proposed transfer of engagements; and
- the reason for the transfer of engagements; and
- whether it is a total or partial transfer of engagements; and
- other information the Registrar directs.

HOW TO COMPLETE THIS FORM

- Please use a blue or black pen and print clearly using block letters.
- **Complete all parts of the form and the contact details in all cases.**
- Each co-operative proposing to merge must complete one of these forms and provide a copy of a disclosure statement for approval.

FEES AND HOW TO PAY

- There is no prescribed fee for this application.

WHAT HAPPENS WHEN YOU LODGE YOUR APPLICATION

- The application and attachments will be reviewed. You will be notified in writing if further information is required.
- When the form is completed correctly and all necessary documents are attached, within 28 days you will receive notification of the next steps in the transfer of engagements process.
- If any change occurs in the information you have provided in your application, you must notify Access Canberra as soon as possible.

The *Co-operatives National Law (ACT) 2017* can be found at the Appendix to the NSW Co-operatives (Adoption of National Law) Act 2012.

The above information is intended as a guide only and is included to assist you in completing and lodging this form. This page is not part of the form. If required, professional advice should be obtained regarding the matters dealt with in this form.

LODGEMENT AND CONTACT INFORMATION

Email:
accesscanberra.bil@act.gov.au

Post:
Access Canberra
Cooperatives Registration
GPO Box 158
Canberra, ACT 2601

In Person:
Please visit www.act.gov.au/accessCBR
Or call **132281** to find an Access Canberra
Service Centre

TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.



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Applicant

1. Who is making this application?					
Given names(s) (in full)					
Surname					
Address (Property Name, Unit, Flat No, Street Number, Street Name)					
Suburb / Town		State / Territory		Postcode	
Daytime telephone number					
Email address					

Details of co-operatives proposing to transfer engagements

2. Name of co-operative to which this application relates:	
Co-operative registration number	
Name of co-operative	

3. Details of co-operatives with which the co-operative is proposing to merge:		
Name of co-operative	Where registered (Australian state)	Registration number

NOTE: If more than 5 co-operatives, attach a separate list with the additional co-operative details as requested above.

4. Will the proposed transfer of engagements be a total or partial transfer of engagements? (choose only one)	
<input type="checkbox"/> Total transfer	<input type="checkbox"/> Partial transfer

5. Will the co-operative to which this application relates be the co-operative making or accepting the transfer? (Choose one only)	
<input type="checkbox"/> Making the transfer	<input type="checkbox"/> Accepting the transfer

6. If a partial transfer of engagements is being proposed, please provide the details:

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Document checklist

7. Your application cannot be processed without the following documents:

<input type="checkbox"/>	<p>A copy of the disclosure statement for approval. The disclosure statement must contain the information necessary to ensure prospective members are adequately informed of the nature and extent of a person's financial involvement or liability in relation to the transfer of engagements, including if applicable:</p> <ul style="list-style-type: none">• the financial position of each co-operative concerned in the proposed transfer of engagements as shown in financial statements prepared as at a date not more than 6 months before the date of the statement• any interest any officer of each co-operative has in the proposed transfer of engagements• compensation or other consideration proposed to be paid, or other incentive proposed to be given, to any officer or member of each co-operative in relation to the proposed transfer of engagements• the reason for the transfer of engagements• whether it is a total or partial transfer of engagements• the estimated costs of the transfer• changes to active membership that may result from the transfer• the rights and liabilities attaching to shares resulting from the transfer• the capital required for the co-operative at the time of the transfer• the projected income and expenditure for first year of operation following the transfer• information about any contracts required to be entered into as a result of the transfer• any other information that the Registrar directs to be included
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Declaration and signature

8. I declare that:

- I am authorised to lodge this application on behalf of the Co-operative.
- All co-operatives involved in the transfer of engagements agree to the transfer.
- The particulars contained in this form and any attachments are true and correct. I acknowledge that it is an offence under section 514 of the *Co-operatives National Law (ACT)* to give the Registrar a document containing false or misleading information.

Signature	
Printed name	
Date of signing (dd/mm/yyyy)	/ /
Position (office) held	

Who should Access Canberra contact if there is a query about this form? (NOTE: This information is not going to be made public)

Given names(s) (in full)					
Surname					
Address (Property Name, Unit, Flat No, Street Number, Street Name)					
Suburb / Town		State / Territory		Postcode	
Daytime telephone number					
Email address					